

Attachment 2

Chemical Inventory

**ATTACHMENT 2
PLATFORM ELLY
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
October 1, 2014 through December 31, 2014**

| <u>Fluid Type</u> | <u>Volume</u> (Monthly avg bbls per day) | <u>Product Name</u> | <u>Estimated Chemical Quantity</u> (Monthly avg gal per day) | <u>Average End-of-Pipe ¹ Concentration</u> (mg/l) |
|-------------------------------|---|---------------------|---|---|
| 009 Non-contact Cooling Water | | | | |
| October | 5,143 | Chlorine | 0.06 | 0.3 |
| November | 5,143 | Chlorine | 0.15 | 0.7 |
| December | 5,143 | Chlorine | 0.06 | 0.3 |
| 008 Fire Control System Water | N / A | None | None | None |
| 013 Test Fluids | No Discharge | No Discharge | None | None |
| 017 Water Flooding Discharges | No Discharge | No Discharge | None | None |
| 021 Hydrotest Water | No Discharge | No Discharge | None | None |

¹ Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Elly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N / A: Not chlorinated

Attachment 3

Non-Contact Cooling Water Chlorine Residual Results

ATTACHMENT 3
PLATFORM ELLY
NON-CONTACT COOLING WATER CHLORINE RESULTS
October 1, 2014 through December 31, 2014

| <u>Discharge</u> | <u>Measurement Frequency</u> | <u>Average Monthly Limit ¹ Post Dilution</u> (mg/l) | <u>Maximum Daily Limit ¹ Post Dilution</u> (mg/l) | <u>Result Post Dilution</u> (mg/l) | <u>End-of-Pipe Concentration</u> (mg/l) EPA Method 330.5 | <u>EPA Plumes Dilution</u> |
|--|----------------------------------|---|---|---|--|--------------------------------|
| 009 Non-contact Cooling Water Sample Date: 10/27/14 | Once/Quarter | 0.00585 | 0.0102 | < 0.0002 | < 0.05 | 277:1 |

¹ Limits are post-dilution as listed in the new permit, Appendix C.

Attachment 4

Prohibited Discharges

ATTACHMENT 4
PLATFORM ELLY
Prohibited Discharges
October 1, 2014 through December 31, 2014

| <u>Prohibited Dishcharge</u> | <u>Permit Requirement/Limit</u> | <u>Monitoring Results</u> |
|---|---|---------------------------|
| Free Oil ¹ | 0 days sheen observed on the receiving water during daylight hours | 0 Days |
| Foam ¹ | 0 days foam observed on the receiving water during daylight hours | 0 Days |
| Floating Solids ¹ | 0 days solids observed on the receiving water during daylight hours | 0 Days |
| Surfactants ² | Minimize | Minimized |
| Detergents ² | Minimize | Minimized |
| Dispersants ² | Minimize | Minimized |
| Produced Sands ³ | No Discharge | No Discharge |
| Halogenated Phenol Compounds ⁴ | No Discharge | No Discharge |
| Chrome Lignosulfonate ⁴ | No Discharge | No Discharge |
| Tracer Materials ⁵ | Limited | Limited |
| Garbage ⁶ | No Discharge | No Discharge |

¹ Free Oil, Foam, and Floating Solids: Monitoring by visual observation of the surface of the receiving water in the vicinity of the outfalls shall be conducted during daylight hours.

² The discharge of surfactants, dispersants, and detergernts shall be minimized except as necessary to comply with safety requirements of the Occupational Health and Safety Administration and BSEE. The discharge to marine waters in response to oil or other hazardous spills is not authorized.

³ There shall be no discharge of produced sands.

⁴ Other Toxic and Non-conventional Compounds: There shall be no discharge of diesel oil, halogenated phenol compounds, or chrome lignosulfonate. Diesel oil discharge information will be located under the Drilling Inventory attachment when applicable.

⁵ Radioactive tracer concentration above the background in the parent, discharge waste stream shall be limited in 10 CFR 20 Appendix B, Table II, Column 2, Effluent Concentrations, Water.

⁶ The discharge of garbage is prohibited.

Attachment 5

Laboratory reports for NPDES
monitoring

Laboratory Quality Control Reports



LTS ENVIRONMENTAL, INC.

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

October 28, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

| Sample Date / Time | Location | Total Chlorine Residual (EPA Method 330.5) <u>End of Pipe</u> |
|-----------------------------|--|---|
| | Platform Elly / Ellen | |
| October 27, 2014 @ 1300 hrs | Non-Contact Cooling Water Outlet East Seawater Pump | < 0.05 mg/l |
| LTS Meter S/N: 12040E195572 | | Method Blank < 0.05 mg/l (MDL) |
| Technician: Cole Jenkins | | |

S.G. Lawry
Environmental Specialist / LTS



LTS ENVIRONMENTAL, INC.

September 8, 2014

Quality Control

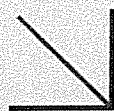
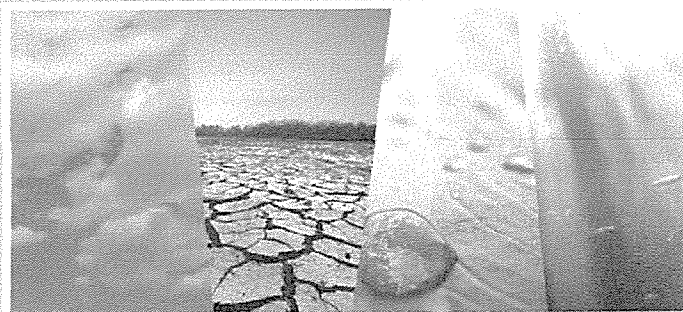
As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

| | |
|---|---|
| Test Date September 5, 2014 | Total Residual Chlorine <i>(EPA Method 330.5)</i> |
| LTS meter (SN 041200088375) | 0.57 mg/l |
| LTS meter (SN 12040E195572) | 0.52 mg/l |
| RT Corporation test sample: (Lot #QC1065-021081) | |
| Acceptance Limits | 0.481 – 0.835 mg/l |
| Certified Value | 0.658 mg/l \pm 0.0110 |
| | Method Blank < 0.05 mg/l |
| LTS Lead Technician: Mike Apple | |

S.G. Lawry
Environmental Specialist
President, LTS



Calscience

**WORK ORDER NUMBER: 14-11-1366***The difference is service*

AIR | SOIL | WATER | MARINE CHEMISTRY

Analytical Report For**Client:** Beta Offshore**Client Project Name:** NPDES Produced Water**Attention:** Marina Robertson
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633*Amanda Porter*Approved for release on 11/24/2014 by:
Amanda Porter
Project Manager

ResultLink ▶

Email your PM ▶



Eurofins Calscience, Inc. (Calscience) certifies that the test results provided in this report meet all NELAC requirements for parameters for which accreditation is required or available. Any exceptions to NELAC requirements are noted in the case narrative. The original report of subcontracted analyses, if any, is attached to this report. The results in this report are limited to the sample(s) tested and any reproduction thereof must be made in its entirety. The client or recipient of this report is specifically prohibited from making material changes to said report and, to the extent that such changes are made, Calscience is not responsible, legally or otherwise. The client or recipient agrees to indemnify Calscience for any defense to any litigation which may arise.

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Client Project Name: NPDES Produced Water
Work Order Number: 14-11-1366

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Work Order Narrative

Work Order: 14-11-1366

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Condition Upon Receipt:

Samples were received under Chain-of-Custody (COC) on 11/18/14. They were assigned to Work Order 14-11-1366.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

Holding Times:

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of ≤ 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

Quality Control:

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

Additional Comments:

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

New York NELAP air certification does not certify for all reported methods and analytes, reference the accredited items here: http://www.calscience.com/PDF/New_York.pdf

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

Subcontractor Information:

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.



Analytical Report

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 11/18/14
Work Order: 14-11-1366
Preparation: N/A
Method: EPA 1664A
Units: mg/L

Project: NPDES Produced Water

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| Client Sample Number | Lab Sample Number | Date/Time Collected | Matrix | Instrument | Date Prepared | Date/Time Analyzed | QC Batch ID |
|-----------------------|-----------------------|-----------------------|----------------|------------|-----------------|-----------------------|-------------------|
| Produced Water | 14-11-1366-1-A | 11/17/14 14:10 | Aqueous | N/A | 11/19/14 | 11/19/14 21:30 | E1119HEML1 |

| <u>Parameter</u> | <u>Result</u> | <u>RL</u> | <u>DF</u> | <u>Qualifiers</u> |
|---------------------|---------------|-----------|-----------|-------------------|
| HEM: Oil and Grease | 21.8 | 1.00 | 1.00 | |

| | | | | | | | |
|---------------------|------------------------|------------|----------------|------------|-----------------|-----------------------|-------------------|
| Method Blank | 099-05-119-3744 | N/A | Aqueous | N/A | 11/19/14 | 11/19/14 21:30 | E1119HEML1 |
|---------------------|------------------------|------------|----------------|------------|-----------------|-----------------------|-------------------|

| <u>Parameter</u> | <u>Result</u> | <u>RL</u> | <u>DF</u> | <u>Qualifiers</u> |
|---------------------|---------------|-----------|-----------|-------------------|
| HEM: Oil and Grease | ND | 1.0 | 1.00 | |

↑
Revised: 11/19/2014

RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.



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Quality Control - Spike/Spike Duplicate

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 11/18/14
Work Order: 14-11-1366
Preparation: N/A
Method: EPA 1664A

Project: NPDES Produced Water

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| Quality Control Sample ID | Type | Matrix | Instrument | Date Prepared | Date Analyzed | MS/MSD Batch Number |
|---------------------------|------------------------|---------|------------|---------------|----------------|---------------------|
| 14-11-1462-1 | Sample | Aqueous | N/A | 11/19/14 | 11/19/14 21:30 | E1119HEMS1 |
| 14-11-1462-1 | Matrix Spike | Aqueous | N/A | 11/19/14 | 11/19/14 21:30 | E1119HEMS1 |
| 14-11-1462-1 | Matrix Spike Duplicate | Aqueous | N/A | 11/19/14 | 11/19/14 21:30 | E1119HEMS1 |

| Parameter | Sample Conc. | Spike Added | MS Conc. | MS %Rec. | MSD Conc. | MSD %Rec. | %Rec. CL | RPD | RPD CL | Qualifiers |
|---------------------|-----------------|----------------|-------------|-------------|--------------|--------------|----------|-----|--------|------------|
| HEM: Oil and Grease | 1.300 | 40.00 | 41.00 | 99 | 39.80 | 96 | 78-114 | 3 | 0-18 | |

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RPD: Relative Percent Difference. CL: Control Limits



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Quality Control - LCS/LCSD

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 11/18/14
Work Order: 14-11-1366
Preparation: N/A
Method: EPA 1664A

Project: NPDES Produced Water

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| Quality Control Sample ID | Type | Matrix | Instrument | Date Prepared | Date Analyzed | LCS/LCSD Batch Number |
|---------------------------|------|---------|------------|---------------|----------------|-----------------------|
| 099-05-119-3744 | LCS | Aqueous | N/A | 11/19/14 | 11/19/14 21:30 | E1119HEML1 |
| 099-05-119-3744 | LCSD | Aqueous | N/A | 11/19/14 | 11/19/14 21:30 | E1119HEML1 |

| Parameter | Spike Added | LCS Conc. | LCS %Rec. | LCSD Conc. | LCSD %Rec. | %Rec. CL | RPD | RPD CL | Qualifiers |
|---------------------|-------------|-----------|-----------|------------|------------|----------|-----|--------|------------|
| HEM: Oil and Grease | 40.00 | 38.80 | 97 | 38.60 | 96 | 78-114 | 1 | 0-18 | |

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RPD: Relative Percent Difference. CL: Control Limits



Sample Analysis Summary Report

Work Order: 14-11-1366

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| <u>Method</u> | <u>Extraction</u> | <u>Chemist ID</u> | <u>Instrument</u> | <u>Analytical Location</u> |
|---------------|-------------------|-------------------|-------------------|----------------------------|
| EPA 1664A | N/A | 29 | N/A | 1 |



Location 1: 7440 Lincoln Way, Garden Grove, CA 92841

Glossary of Terms and Qualifiers

Work Order: 14-11-1366

Page 1 of 1

| <u>Qualifiers</u> | <u>Definition</u> |
|-------------------|--|
| * | See applicable analysis comment. |
| < | Less than the indicated value. |
| > | Greater than the indicated value. |
| 1 | Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification. |
| 2 | Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification. |
| 3 | Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control. |
| 4 | The MS/MSD RPD was out of control due to suspected matrix interference. |
| 5 | The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference. |
| 6 | Surrogate recovery below the acceptance limit. |
| 7 | Surrogate recovery above the acceptance limit. |
| B | Analyte was present in the associated method blank. |
| BU | Sample analyzed after holding time expired. |
| BV | Sample received after holding time expired. |
| E | Concentration exceeds the calibration range. |
| ET | Sample was extracted past end of recommended max. holding time. |
| HD | The chromatographic pattern was inconsistent with the profile of the reference fuel standard. |
| HDH | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected). |
| HDL | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected). |
| J | Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated. |
| JA | Analyte positively identified but quantitation is an estimate. |
| ME | LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean). |
| ND | Parameter not detected at the indicated reporting limit. |
| Q | Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater. |
| SG | The sample extract was subjected to Silica Gel treatment prior to analysis. |
| X | % Recovery and/or RPD out-of-range. |
| Z | Analyte presence was not confirmed by second column or GC/MS analysis. |

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of <= 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

CHAIN-OF-CUSTODY RECORD

DATE: 11-18-14

PAGE: 1 OF 1

WO NO. / LAB USE ONLY

14-11-1366

[illegible]

Calscience

WORK ORDER #: 14-11-7366

SAMPLE RECEIPT FORM

Cooler 1 of 1

CLIENT: Beta Offshore

DATE: 11/18/14

TEMPERATURE: Thermometer ID: SC2 (Criteria: 0.0 °C – 6.0 °C, not frozen except sediment/tissue)

Temperature 5.7 °C - 0.2 °C (CF) = 5.5 °C ☐ Blank ☒ Sample

☐ Sample(s) outside temperature criteria (PM/APM contacted by:)

☐ Sample(s) outside temperature criteria but received on ice/chilled on same day of sampling.

☐ Received at ambient temperature, placed on ice for transport by Courier.

Ambient Temperature: ☐ Air ☐ Filter

Checked by: 300

CUSTODY SEALS INTACT:

☐ Cooler ☐ ☐ No (Not Intact) ☒ Not Present ☐ N/A Checked by: 300

☐ Sample ☐ ☐ No (Not Intact) ☒ Not Present Checked by: 826

SAMPLE CONDITION:

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Chain-Of-Custody (COC) document(s) received with samples..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COC document(s) received complete..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Collection date/time, matrix, and/or # of containers logged in based on sample labels.

☐ No analysis requested. ☐ Not relinquished. ☐ No date/time relinquished.

| | | | |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Sampler's name indicated on COC..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|

| | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| Sample container label(s) consistent with COC..... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|-------------------------------------|--------------------------|

| | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| Sample container(s) intact and good condition..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

| | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| Proper containers and sufficient volume for analyses requested..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|

| | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| Analyses received within holding time..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Aqueous samples received within 15-minute holding time:

☐ pH ☐ Residual Chlorine ☐ Dissolved Sulfides ☐ Dissolved Oxygen..... ☐ ☐ ☒

| | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| Proper preservation noted on COC or sample container..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

☐ Unpreserved vials received for Volatiles analysis

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| Volatile analysis container(s) free of headspace..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| Tedlar bag(s) free of condensation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|

CONTAINER TYPE:

Solid: ☐ 4ozCGJ ☐ 8ozCGJ ☐ 16ozCGJ ☐ Sleeve () ☐ EnCores® ☐ TerraCores® ☐

Aqueous: ☐ VOA ☐ VOA_h ☐ VOA_{na2} ☐ 125AGB ☐ 125AGB_h ☐ 125AGB_p ☐ 1AGB ☐ 1AGB_{na2} ☒ 1AGBs

☐ 500AGB ☐ 500AGJ ☐ 500AGJs ☐ 250AGB ☐ 250CGB ☐ 250CGBs ☐ 1PB ☐ 1PB_{na} ☐ 500PB

☐ 250PB ☐ 250PB_n ☐ 125PB ☐ 125PB_{znna} ☐ 100PJ ☐ 100PJ_{na2} ☐ ☐ ☐

Air: ☐ Tedlar® ☐ Canister Other: ☐ Trip Blank Lot#: Labeled/Checked by: 826

Container: C: Clear A: Amber P: Plastic G: Glass J: Jar B: Bottle Z: Ziploc/Resealable Bag E: Envelope Reviewed by: 778

Preservative: h: HCL n: HNO₃ na₂: Na₂S₂O₃ na: NaOH p: H₃PO₄ s: H₂SO₄ u: Ultra-pure znna: ZnAc₂+NaOH f: Filtered Scanned by: 778



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WORK ORDER #: 14-11-1366

SAMPLE ANOMALY FORM**SAMPLES - CONTAINERS & LABELS:**

- ☐ Sample(s) NOT RECEIVED but listed on COC
☐ Sample(s) received but NOT LISTED on COC
☐ Holding time expired – list sample ID(s) and test
☒ Insufficient quantities for analysis – list test
☐ Improper container(s) used – list test
☐ Improper preservative used – list test
☐ No preservative noted on COC or label – list test & notify lab
☐ Sample labels illegible – note test/container type
☒ Sample label(s) do not match COC – Note in comments
- ☐ Sample ID
☒ Date and/or Time Collected
☐ Project Information
☐ # of Container(s)
☐ Analysis
- ☐ Sample container(s) compromised – Note in comments
- ☐ Water present in sample container
☐ Broken
- ☐ Sample container(s) not labeled
- ☐ Air sample container(s) compromised – Note in comments
- ☐ Flat
☐ Very low in volume
☐ Leaking (Not transferred - duplicate bag submitted)
☐ Leaking (transferred into Calscience Tedlar® Bag*)
☐ Leaking (transferred into Client's Tedlar® Bag*)
- ☐ Other: _____

Comments:

Received less than 1000 ml
for EPA 1664.

Collection date and time
per label is 11/18/14 @ 8:55

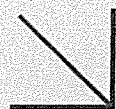
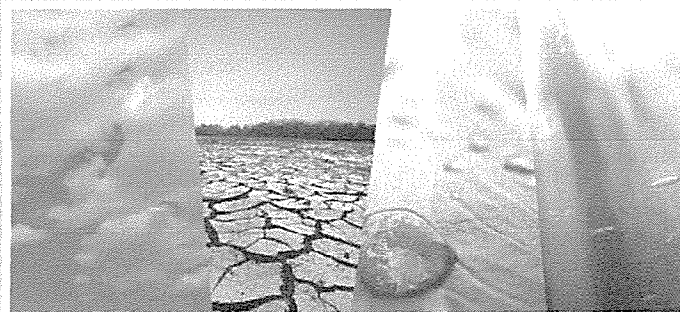
HEADSPACE – Containers with Bubble > 6mm or ¼ inch:

| Sample # | Container ID(s) | # of Vials Received | Sample # | Container ID(s) | # of Vials Received | Sample # | Container ID(s) | # of Cont. received | Analysis |
|----------|-----------------|---------------------|----------|-----------------|---------------------|----------|-----------------|---------------------|----------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Comments: _____

*Transferred at Client's request.

Initial / Date: 836 11/18/14

**WORK ORDER NUMBER: 14-11-0764***The difference is service*

AIR | SOIL | WATER | MARINE CHEMISTRY

Analytical Report For**Client:** Beta Offshore**Client Project Name:** Weekly NPDES Produced Water Monitoring**Attention:** Marina Robertson
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633*Amanda Porter*

Approved for release on 11/12/2014 by:
Amanda Porter
Project Manager

ResultLink ▶

Email your PM ▶



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Calscience

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Client Project Name: Weekly NPDES Produced Water Monitoring
Work Order Number: 14-11-0764

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Work Order Narrative

Work Order: 14-11-0764

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Condition Upon Receipt:

Samples were received under Chain-of-Custody (COC) on 11/10/14. They were assigned to Work Order 14-11-0764.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

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Quality Control:

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

Additional Comments:

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

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Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

Subcontractor Information:

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.



Calscience

Analytical Report

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 11/10/14
Work Order: 14-11-0764
Preparation: N/A
Method: EPA 1664A
Units: mg/L

Project: Weekly NPDES Produced Water Monitoring

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| Client Sample Number | Lab Sample Number | Date/Time Collected | Matrix | Instrument | Date Prepared | Date/Time Analyzed | QC Batch ID |
|----------------------|-------------------|---------------------|---------|------------|---------------|--------------------|-------------|
| NPDES Prod. Water | 14-11-0764-1-A | 11/08/14 12:36 | Aqueous | N/A | 11/10/14 | 11/10/14 18:00 | E1110HEML5 |

| Parameter | Result | RL | DF | Qualifiers |
|---------------------|--------|------|------|------------|
| HEM: Oil and Grease | 25.3 | 1.00 | 1.00 | |

| | | | | | | | |
|--------------|-----------------|-----|---------|-----|----------|----------------|------------|
| Method Blank | 099-05-119-3732 | N/A | Aqueous | N/A | 11/10/14 | 11/10/14 18:00 | E1110HEML5 |
|--------------|-----------------|-----|---------|-----|----------|----------------|------------|

| Parameter | Result | RL | DF | Qualifiers |
|---------------------|--------|-----|------|------------|
| HEM: Oil and Grease | ND | 1.0 | 1.00 | |

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RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.



Calscience

Quality Control - LCS/LCSD

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 11/10/14
Work Order: 14-11-0764
Preparation: N/A
Method: EPA 1664A

Project: Weekly NPDES Produced Water Monitoring

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| Quality Control Sample ID | Type | Matrix | Instrument | Date Prepared | Date Analyzed | LCS/LCSD Batch Number |
|---------------------------|------|---------|------------|---------------|----------------|-----------------------|
| 099-05-119-3732 | LCS | Aqueous | N/A | 11/10/14 | 11/10/14 18:00 | E1110HEML5 |
| 099-05-119-3732 | LCSD | Aqueous | N/A | 11/10/14 | 11/10/14 18:00 | E1110HEML5 |

| Parameter | Spike Added | LCS Conc. | LCS %Rec. | LCSD Conc. | LCSD %Rec. | %Rec. CL | RPD | RPD CL | Qualifiers |
|---------------------|-------------|-----------|-----------|------------|------------|----------|-----|--------|------------|
| HEM: Oil and Grease | 40.00 | 39.20 | 98 | 39.00 | 98 | 78-114 | 1 | 0-18 | |

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RPD: Relative Percent Difference. CL: Control Limits



Calscience

Sample Analysis Summary Report

Work Order: 14-11-0764

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| <u>Method</u> | <u>Extraction</u> | <u>Chemist ID</u> | <u>Instrument</u> | <u>Analytical Location</u> |
|---------------|-------------------|-------------------|-------------------|----------------------------|
| EPA 1664A | N/A | 29 | N/A | 1 |



Location 1: 7440 Lincoln Way, Garden Grove, CA 92841

Glossary of Terms and Qualifiers

Work Order: 14-11-0764

Page 1 of 1

| <u>Qualifiers</u> | <u>Definition</u> |
|-------------------|--|
| * | See applicable analysis comment. |
| < | Less than the indicated value. |
| > | Greater than the indicated value. |
| 1 | Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification. |
| 2 | Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification. |
| 3 | Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control. |
| 4 | The MS/MSD RPD was out of control due to suspected matrix interference. |
| 5 | The PDS/PDSD or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference. |
| 6 | Surrogate recovery below the acceptance limit. |
| 7 | Surrogate recovery above the acceptance limit. |
| B | Analyte was present in the associated method blank. |
| BU | Sample analyzed after holding time expired. |
| BV | Sample received after holding time expired. |
| E | Concentration exceeds the calibration range. |
| ET | Sample was extracted past end of recommended max. holding time. |
| HD | The chromatographic pattern was inconsistent with the profile of the reference fuel standard. |
| HDH | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected). |
| HDL | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected). |
| J | Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated. |
| JA | Analyte positively identified but quantitation is an estimate. |
| ME | LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean). |
| ND | Parameter not detected at the indicated reporting limit. |
| Q | Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater. |
| SG | The sample extract was subjected to Silica Gel treatment prior to analysis. |
| X | % Recovery and/or RPD out-of-range. |
| Z | Analyte presence was not confirmed by second column or GC/MS analysis. |

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of ≤ 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

14-11-0764

| | | |
|--|--|---|
| LTS Environmental Inc. 704 Adirondack Avenue Ventura, CA 93003 805-644-4560 | Report to: Marina Robertson 111 W. Ocean Blvd. Suite 1240 Long Beach, CA. 90802 | Bill to: Marina Robertson 111 W. Ocean Blvd. Suite 1240 Long Beach, CA 90802 |
|--|--|---|

FACILITY: Platform Elly

SAMPLER NAME: _____

PROJECT/CHARGE # Weekly NPDES Produced Water Monitoring

RESULTS REQUIRED: 48 hr RUSH

RESULTS BY: PHONE: _____ E-MAIL ☒ mrobertson@_____

SUBMITTED TO: Calscience PHONE: 714-895-5494
REPORT TO: Marina Robertson PHONE: 562-683-3497
COPIES TO: Platform Supervisor PHONE: 562-606-5705
lawrylts@sbcglobal.net PHONE: 805-644-4560
shore.com 704 Adirondack, Ventura, CA 93003

| SAMPLE NO. | SAMPLE ID | GRAB/COMP. | VOLUME | DATE/TIME COLLECTED | PRESERV. | ANALYSES REQUESTED (METHOD) |
|------------|--|------------|--------------|---------------------|----------|------------------------------|
| 1 | NPDES Prod. Water | grab | 1 L amber | 11/8/14 @ 12:36 | H2SO4 | Oil & Grease (EPA 1664) |
| 2 | NPDES Prod. Water | grab | 1 L amber | | H2SO4 | Oil & Grease (EPA 1664) Hold |
| 3 | NPDES Prod. Water | grab | 1 L amber | | H2SO4 | Oil & Grease (EPA 1664) Hold |
| 4 | NPDES Prod. Water | grab | 1 L amber | | H2SO4 | Oil & Grease (EPA 1664) Hold |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Caution to Sample Collector: all sample bottles contain a concentrated acid preservative. Follow all procedures outlined in your NPDES manual and use proper PPE when collecting the samples. | | | | | |
| | | | | | | |
| | | | | | | |

Comments: **For Samples 1-4: Analyze Sample #1 only - hold other samples until further notice.**

Relinquished by: _____ Date: _____
Received by: _____ Time: _____

Relinquished by: _____ Date: _____
Received by: _____ Time: _____

Relinquished by: Samir D. Ghasse Date: 11-8-14 11/10/14 17:00
Received by: [Signature] EU Time: 11/10/14 17:00 Pa

Relinquished by: [Signature] EU Date: 11/10/14
Received by: [Signature] ECC Time: 11/10/14

Calscience

WORK ORDER #: 14-11-0764

SAMPLE RECEIPT FORM

Cooler 1 of 1

CLIENT: LTS ENVIRONMENTAL INC

DATE: 11/10/14

TEMPERATURE: Thermometer ID: SC2 (Criteria: 0.0°C – 6.0°C, not frozen except sediment/tissue)

Temperature 4.0 °C - 0.2 °C (CF) = 3.8 °C ☒ Blank ☐ Sample

☐ Sample(s) outside temperature criteria (PM/APM contacted by: _____)

☐ Sample(s) outside temperature criteria but received on ice/chilled on same day of sampling.

☐ Received at ambient temperature, placed on ice for transport by Courier.

Ambient Temperature: ☐ Air ☐ Filter

Checked by: 804

CUSTODY SEALS INTACT:

☐ Cooler ☐ _____ ☐ No (Not Intact) ☒ Not Present ☐ N/A Checked by: 804

☐ Sample ☐ _____ ☐ No (Not Intact) ☒ Not Present Checked by: 8m6

SAMPLE CONDITION:

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Chain-Of-Custody (COC) document(s) received with samples..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COC document(s) received complete..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Collection date/time, matrix, and/or # of containers logged in based on sample labels.

☐ No analysis requested. ☐ Not relinquished. ☐ No date/time relinquished.

| | | | |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Sampler's name indicated on COC..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|

| | | | |
|--|-------------------------------------|---|--------------------------|
| Sample container label(s) consistent with COC..... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 876/11/14 | <input type="checkbox"/> |
|--|-------------------------------------|---|--------------------------|

| | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| Sample container(s) intact and good condition..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

| | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| Proper containers and sufficient volume for analyses requested..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

| | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| Analyses received within holding time..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Aqueous samples received within 15-minute holding time

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> pH <input type="checkbox"/> Residual Chlorine <input type="checkbox"/> Dissolved Sulfides <input type="checkbox"/> Dissolved Oxygen..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|

| | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| Proper preservation noted on COC or sample container..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

☐ Unpreserved vials received for Volatiles analysis

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| Volatile analysis container(s) free of headspace..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|

| | | | |
|---|--------------------------|--------------------------|-------------------------------------|
| Tedlar bag(s) free of condensation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|--------------------------|-------------------------------------|

CONTAINER TYPE:

Solid: ☐ 4ozCGJ ☐ 8ozCGJ ☐ 16ozCGJ ☐ Sleeve (____) ☐ EnCores® ☐ TerraCores® ☐ _____

Aqueous: ☐ VOA ☐ VOA_h ☐ VOA_{na2} ☐ 125AGB ☐ 125AGB_h ☐ 125AGB_p ☐ 1AGB ☐ 1AGB_{na2} ☒ 1AGB_s
☐ 500AGB ☐ 500AGJ ☐ 500AGJ_s ☐ 250AGB ☐ 250CGB ☐ 250CGB_s ☐ 1PB ☐ 1PB_{na} ☐ 500PB

☐ 250PB ☐ 250PB_n ☐ 125PB ☐ 125PB_{znna} ☐ 100PJ ☐ 100PJ_{na2} ☐ _____ ☐ _____ ☐ _____

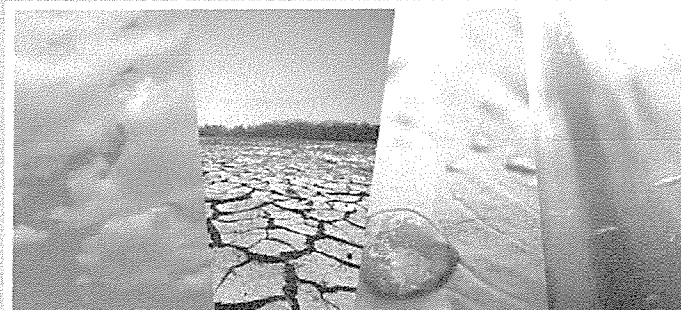
Air: ☐ Tedlar® ☐ Canister Other: ☐ _____ Trip Blank Lot#: _____ Labeled/Checked by: 8m6

Container: C: Clear A: Amber P: Plastic G: Glass J: Jar B: Bottle Z: Ziploc/Resealable Bag E: Envelope Reviewed by: 862

Preservative: h: HCL n: HNO₃ na₂: Na₂S₂O₃ na: NaOH p: H₃PO₄ s: H₂SO₄ u: Ultra-pure znna: ZnAc₂+NaOH f: Filtered Scanned by: 862



Calscience

**WORK ORDER NUMBER: 14-12-1473***The difference is service*

AIR | SOIL | WATER | MARINE CHEMISTRY

Analytical Report For**Client:** Beta Offshore**Client Project Name:** Elly Produced Water**Attention:** Marina Robertson
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633Approved for release on 12/17/2014 by:
Amanda Porter
Project Manager

ResultLink ▶

Email your PM ▶



Eurofins Calscience, Inc. (Calscience) certifies that the test results provided in this report meet all NELAC requirements for parameters for which accreditation is required or available. Any exceptions to NELAC requirements are noted in the case narrative. The original report of subcontracted analyses, if any, is attached to this report. The results in this report are limited to the sample(s) tested and any reproduction thereof must be made in its entirety. The client or recipient of this report is specifically prohibited from making material changes to said report and, to the extent that such changes are made, Calscience is not responsible, legally or otherwise. The client or recipient agrees to indemnify Calscience for any defense to any litigation which may arise.



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Client Project Name: Elly Produced Water
Work Order Number: 14-12-1473

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Work Order Narrative

Work Order: 14-12-1473

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Condition Upon Receipt:

Samples were received under Chain-of-Custody (COC) on 12/15/14. They were assigned to Work Order 14-12-1473.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

Holding Times:

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of ≤ 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

Quality Control:

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

Additional Comments:

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

New York NELAP air certification does not certify for all reported methods and analytes, reference the accredited items here: http://www.calscience.com/PDF/New_York.pdf

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

Subcontractor Information:

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.



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Analytical Report

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 12/15/14
Work Order: 14-12-1473
Preparation: N/A
Method: EPA 1664A
Units: mg/L

Project: Elly Produced Water

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| Client Sample Number | Lab Sample Number | Date/Time Collected | Matrix | Instrument | Date Prepared | Date/Time Analyzed | QC Batch ID |
|--------------------------|-------------------|---------------------|---------|------------|---------------|--------------------|-------------|
| NPDES Produced Water SO3 | 14-12-1473-1-A | 12/10/14 02:45 | Aqueous | N/A | 12/16/14 | 12/16/14 18:00 | E1216HEML1 |

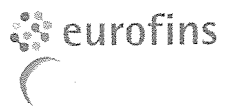
| <u>Parameter</u> | <u>Result</u> | <u>RL</u> | <u>DF</u> | <u>Qualifiers</u> |
|---------------------|---------------|-----------|-----------|-------------------|
| HEM: Oil and Grease | 13.3 | 1.00 | 1.00 | |

| | | | | | | | |
|--------------|-----------------|-----|---------|-----|----------|----------------|------------|
| Method Blank | 099-05-119-3781 | N/A | Aqueous | N/A | 12/16/14 | 12/16/14 18:00 | E1216HEML1 |
|--------------|-----------------|-----|---------|-----|----------|----------------|------------|

| <u>Parameter</u> | <u>Result</u> | <u>RL</u> | <u>DF</u> | <u>Qualifiers</u> |
|---------------------|---------------|-----------|-----------|-------------------|
| HEM: Oil and Grease | ND | 1.0 | 1.00 | |

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RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.



Calscience

Quality Control - Spike/Spike Duplicate

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 12/15/14
Work Order: 14-12-1473
Preparation: N/A
Method: EPA 1664A

Project: Elly Produced Water

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| Quality Control Sample ID | Type | Matrix | Instrument | Date Prepared | Date Analyzed | MS/MSD Batch Number | | | | |
|---------------------------|------------------------|-------------|------------|---------------|----------------|---------------------|----------|-----|--------|------------|
| 14-12-1176-1 | Sample | Aqueous | N/A | 12/16/14 | 12/16/14 18:00 | E1216HEMS1 | | | | |
| 14-12-1176-1 | Matrix Spike | Aqueous | N/A | 12/16/14 | 12/16/14 18:00 | E1216HEMS1 | | | | |
| 14-12-1176-1 | Matrix Spike Duplicate | Aqueous | N/A | 12/16/14 | 12/16/14 18:00 | E1216HEMS1 | | | | |
| Parameter | Sample Conc. | Spike Added | MS Conc. | MS %Rec. | MSD Conc. | MSD %Rec. | %Rec. CL | RPD | RPD CL | Qualifiers |
| HEM: Oil and Grease | ND | 40.00 | 38.60 | 96 | 37.10 | 93 | 78-114 | 4 | 0-18 | |

 Original to Laboratory

RPD: Relative Percent Difference. CL: Control Limits



Quality Control - LCS/LCSD

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 12/15/14
Work Order: 14-12-1473
Preparation: N/A
Method: EPA 1664A

Project: Elly Produced Water

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| Quality Control Sample ID | Type | Matrix | Instrument | Date Prepared | Date Analyzed | LCS/LCSD Batch Number |
|---------------------------|------|---------|------------|---------------|----------------|-----------------------|
| 099-05-119-3781 | LCS | Aqueous | N/A | 12/16/14 | 12/16/14 18:00 | E1216HEML1 |
| 099-05-119-3781 | LCSD | Aqueous | N/A | 12/16/14 | 12/16/14 18:00 | E1216HEML1 |

| <u>Parameter</u> | <u>Spike Added</u> | <u>LCS</u> | <u>Conc.</u> | <u>LCS</u> | <u>LCSD</u> | <u>%Rec.</u> | <u>CL</u> | <u>RPD</u> | <u>RPD CL</u> | <u>Qualifiers</u> |
|---------------------|--------------------|------------|--------------|------------|-------------|--------------|-----------|------------|---------------|-------------------|
| HEM: Oil and Grease | 40.00 | 37.80 | 94 | 38.40 | 96 | 78-114 | 2 | 0-18 | | |

↑
Return to Contents

RPD: Relative Percent Difference. CL: Control Limits



Calscience

Sample Analysis Summary Report

Work Order: 14-12-1473

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| <u>Method</u> | <u>Extraction</u> | <u>Chemist ID</u> | <u>Instrument</u> | <u>Analytical Location</u> |
|---------------|-------------------|-------------------|-------------------|----------------------------|
| EPA 1664A | N/A | 29 | N/A | 1 |



Location 1: 7440 Lincoln Way, Garden Grove, CA 92841



Calscience

Glossary of Terms and Qualifiers

Work Order: 14-12-1473

Page 1 of 1

| Qualifiers | Definition |
|------------|--|
| * | See applicable analysis comment. |
| < | Less than the indicated value. |
| > | Greater than the indicated value. |
| 1 | Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification. |
| 2 | Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification. |
| 3 | Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control. |
| 4 | The MS/MSD RPD was out of control due to suspected matrix interference. |
| 5 | The PDS/PDS or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference. |
| 6 | Surrogate recovery below the acceptance limit. |
| 7 | Surrogate recovery above the acceptance limit. |
| B | Analyte was present in the associated method blank. |
| BU | Sample analyzed after holding time expired. |
| BV | Sample received after holding time expired. |
| E | Concentration exceeds the calibration range. |
| ET | Sample was extracted past end of recommended max. holding time. |
| HD | The chromatographic pattern was inconsistent with the profile of the reference fuel standard. |
| HDH | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected). |
| HDL | The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected). |
| J | Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated. |
| JA | Analyte positively identified but quantitation is an estimate. |
| ME | LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean). |
| ND | Parameter not detected at the indicated reporting limit. |
| Q | Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater. |
| SG | The sample extract was subjected to Silica Gel treatment prior to analysis. |
| X | % Recovery and/or RPD out-of-range. |
| Z | Analyte presence was not confirmed by second column or GC/MS analysis. |

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of ≤ 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

Regulatory Compliance

☐ SoCal Laboratory
7440 Lincoln Way
Garden Grove, CA 92841-1427
(714) 895-5494

☐ NorCal Service Center
5063 Commercial Circle, Suite H
Concord, CA 94520-8577
(925) 689-9022

CHAIN OF CUSTODY RECORD

Date 12-10-14

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[illegible]

DISTRIBUTION: White with final report, Green and Yellow to Client.
Please note that pages 1 and 2 of 2 of our T/Cs are printed on the reverse side of the Green and Yellow copies respectively.

05/01/07 Revision

0800FCHIE 261398-9702

Calscience

WORK ORDER #: 14-12-1473

SAMPLE RECEIPT FORM

Cooler 1 of 1

CLIENT: Beta offshore

DATE: 12/15/14

TEMPERATURE: Thermometer ID: SC2 (Criteria: 0.0°C – 6.0°C, not frozen except sediment/tissue)

Temperature 4.1 °C - 0.2 °C (CF) = 3.9 °C ☐ Blank ☒ Sample

☐ Sample(s) outside temperature criteria (PM/APM contacted by:)

☐ Sample(s) outside temperature criteria but received on ice/chilled on same day of sampling.

☐ Received at ambient temperature, placed on ice for transport by Courier.

Ambient Temperature: ☐ Air ☐ Filter

Checked by: LS

CUSTODY SEALS INTACT:

☐ Cooler ☐
☐ No (Not Intact)

☒ Not Present

☐ N/A

Checked by: LS

☐ Sample ☐
☐ No (Not Intact)

☒ Not Present

Checked by: 812

SAMPLE CONDITION:

Yes

No

N/A

Chain-Of-Custody (COC) document(s) received with samples..... ☒
☐
☐

COC document(s) received complete..... ☒
☐
☐
☐ Collection date/time, matrix, and/or # of containers logged in based on sample labels.

☐ No analysis requested. ☐ Not relinquished. ☐ No date/time relinquished.

Sampler's name indicated on COC..... ☒
☐
☐

Sample container label(s) consistent with COC..... ☒
☐
☐

Sample container(s) intact and good condition..... ☒
☐
☐

Proper containers and sufficient volume for analyses requested..... ☒
☐
☐

Analyses received within holding time..... ☒
☐
☐

Aqueous samples received within 15-minute holding time

☐ pH ☐ Residual Chlorine ☐ Dissolved Sulfides ☐ Dissolved Oxygen..... ☐
☐
☒

Proper preservation noted on COC or sample container..... ☒
☐
☐
☐ Unpreserved vials received for Volatiles analysis

Volatile analysis container(s) free of headspace..... ☐
☐
☒

Tedlar bag(s) free of condensation..... ☐
☐
☒

CONTAINER TYPE:

Solid: ☐ 4ozCGJ ☐ 8ozCGJ ☐ 16ozCGJ ☐ Sleeve () ☐ EnCores® ☐ TerraCores® ☐

Aqueous: ☐ VOA ☐ VOAh ☐ VOAna₂ ☐ 125AGB ☐ 125AGBh ☐ 125AGBp ☐ 1AGB ☐ 1AGBna₂ ☒ 1AGBs

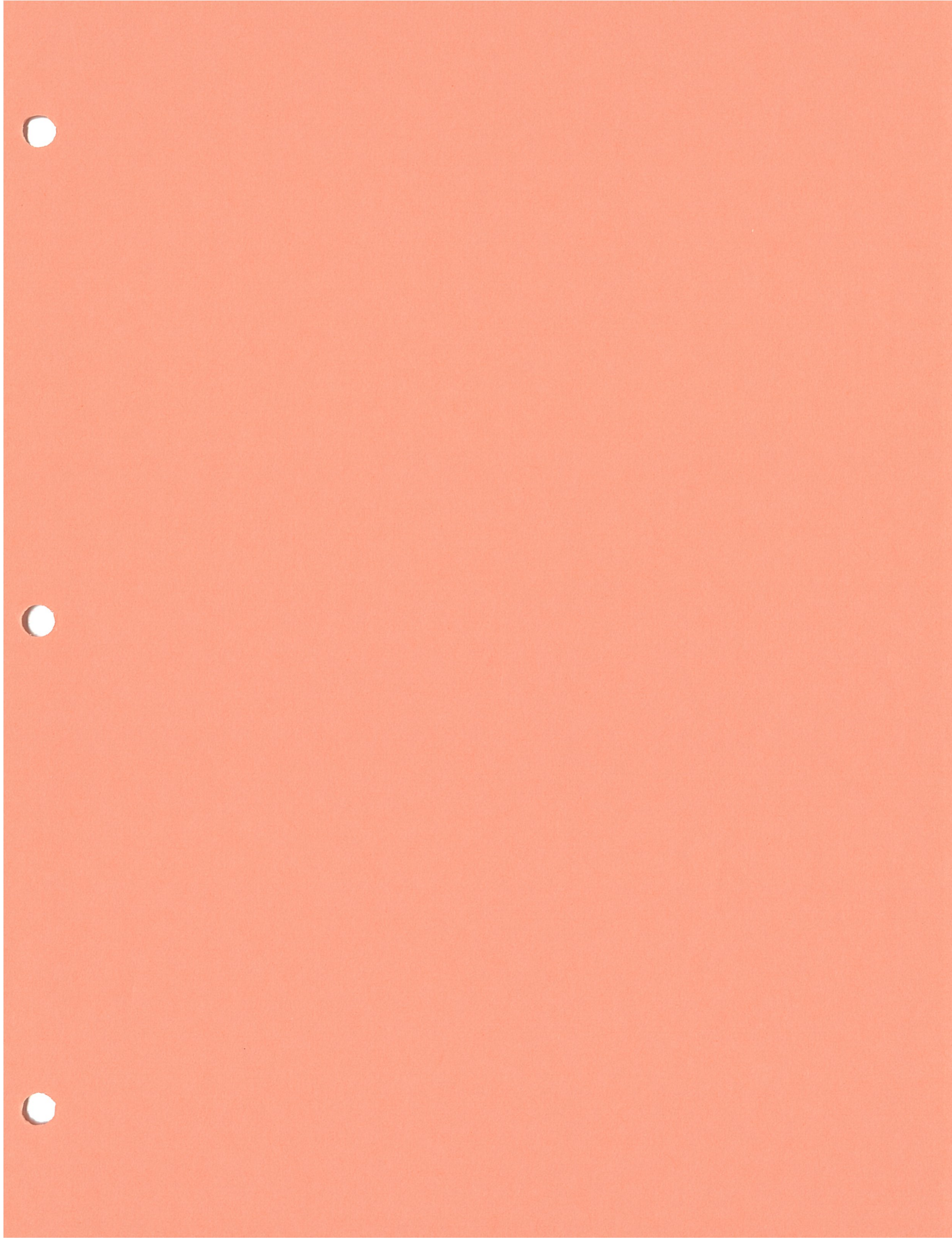
☐ 500AGB ☐ 500AGJ ☐ 500AGJs ☐ 250AGB ☐ 250CGB ☐ 250CGBs ☐ 1PB ☐ 1PBna ☐ 500PB

☐ 250PB ☐ 250PBn ☐ 125PB ☐ 125PBz₂na ☐ 100PJ ☐ 100PJna₂ ☐ ☐ ☐

Air: ☐ Tedlar® ☐ Canister Other: ☐ Trip Blank Lot#: Labeled/Checked by: 812

Container: C: Clear A: Amber P: Plastic G: Glass J: Jar B: Bottle Z: Ziploc/Resealable Bag E: Envelope Reviewed by: 617

Preservative: h: HCL n: HNO₃ na₂: Na₂S₂O₃ na: NaOH p: H₃PO₄ s: H₂SO₄ u: Ultra-pure z₂na: ZnAc₂+NaOH f: Filtered Scanned by: 617



Platform Eureka

Attachment 1

EPA DMR
PERMIT NO. CAG280000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB 040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

001A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|----------|--------------------------|-------|-----------------------|-------|--------|------------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oil based fluids, non-aqueous based drilling fluids and cuttings | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 51707 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. VALUE | ***** | Y=1;N=0 | ***** | ***** | ***** | ***** | | End Of Well | GRAB |
| Cadmium [Cd], in barite, dry weight | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 78244 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 3 DAILY MX | mg/kg | | Once per Batch | GRAB |
| Mercury [Hg], in barite, dry weight | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 78245 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 1 DAILY MX | mg/kg | | Once per Batch | GRAB |
| Drilling fluids, free oil | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 82589 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily when Discharging | GRAB |
| Drilling fluids, volume | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 82594 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | bbl | ***** | ***** | ***** | ***** | | Daily | ESTIMA |
| Drilling fluids, volume | SAMPLE MEASUREMENT | ***** | 0 | bbl | ***** | ***** | ***** | ***** | | Annual | Calctf |
| 82594 EG 0 Effluent Gross | PERMIT REQUIREMENT | ***** | 36650 YTD TOT | bbl | ***** | ***** | ***** | ***** | | Annual | CALCTD |
| Drill cuttings, free oil | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | | | | | |
| 82595 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. MO TOTAL | occur/mo | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | DATE |
|--|---|------------------|------------|
| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code NUMBER | MM/DD/YYYY |

Marina Robertson, HSE Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|--------------------------|------------------|
| CAF001149 | 001A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Drilling cuttings, volume | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 82596 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | bbl | ***** | ***** | ***** | ***** | | Daily | ESTIMA |
| Drilling cuttings, volume | SAMPLE MEASUREMENT | ***** | 0 | bbl | ***** | ***** | ***** | ***** | | Annual | Calctd |
| 82596 EG 0 Effluent Gross | PERMIT REQUIREMENT | ***** | 13350 YTD TOT | bbl | ***** | ***** | ***** | ***** | | Annual | CALCTD |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | | | | |
| TAB3E 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | ***** | % | | Contingent | GRAB |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | | | | |
| TAB3E EG 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | ***** | % | | Contingent | GRAB |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | | | | |
| TAB3E O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | ***** | % | | Contingent | GRAB |

| | | | | |
|--|---|---|--|-------------------|
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| Jim Guion | | (562) 628 1526 | | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 002A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

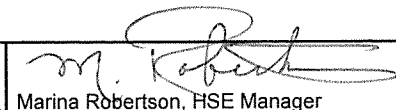
Produced Water Monthly

External Outfall

No Discharge ☒ A

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oil and grease, hexane extr method | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 00552 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 29 MO AVG | 42 DAILY MX | mg/L | | Weekly | GRAB |
| Produced water, flow | SAMPLE MEASUREMENT | | ***** | bbl/d | ***** | ***** | ***** | ***** | | | |
| 82600 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Daily | ESTIMA |

| | | | | |
|--|---|----------------|--------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |



Marina Robertson, HSE Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
2. If PW is discharged, 12 mo of monitoring is required for RP analysis
3. Produced water is commingled & processed at platform Elly before being injected or discharged

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 003A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Well Treatment, Completion and Workover Fluids

External Outfall

No Discharge ☒ A

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-----------------------|----------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Well fluids, oil & grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 04379 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 29 MO AVG | 42 DAILY MX | mg/L | | Once per Occurance | GRAB |
| Number of Events | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 51484 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. TOTAL | # | ***** | ***** | ***** | ***** | | Once per Occurance | CALCTD |
| Well fluids, free oil | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 82603 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. MO TOTAL | occur/mo | ***** | ***** | ***** | ***** | | Once per Discharge | GRAB |
| Well fluids, volume | SAMPLE MEASUREMENT | | | | ***** | ***** | ***** | ***** | | | |
| 82604 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. MO TOTAL | bbl | ***** | ***** | ***** | ***** | | Once per Occurance | ESTIMA |

| | | | | | |
|--|---|--|----------------|------------|--------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced, when applicable.

4. If present, WTCWFs are commingled with produced water and injected back into the formation.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 004A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

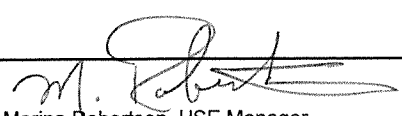
(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow rate, deck drainage | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 51666 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|----------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed
2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 005A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

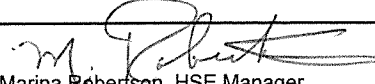
Domestic and Sanitary Waste

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|------------|------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow rate, domestic | SAMPLE MEASUREMENT | NODI (A) | ***** | bbl/d | ***** | ***** | ***** | ***** | | | |
| 51667 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Sanitary waste, residual chlorine | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI (9) | NODI (9) | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | 51 | ***** | bbl/d | ***** | ***** | ***** | ***** | 0 | Monthly | Estima |
| 82606 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Sanitary waste, solids | SAMPLE MEASUREMENT | ***** | 0 | #/mo | ***** | ***** | ***** | ***** | 0 | Daily | Visual |
| 82607 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | Req. Mon. MO AVG | #/mo | ***** | ***** | ***** | ***** | | Daily | VISUAL |
| Domestic waste, foam and floating solids | SAMPLE MEASUREMENT | ***** | NODI (A) | | ***** | ***** | ***** | ***** | | | |
| 82608 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | Req. Mon. MO TOTAL | #/mo | ***** | ***** | ***** | ***** | | Daily | VISUAL |

| | | | | |
|--|---|----------------|--------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |



Marina Robertson, HSE Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.

2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 006A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
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| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 007A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

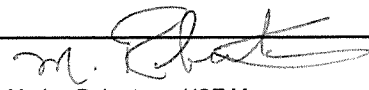
(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|------------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 008A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

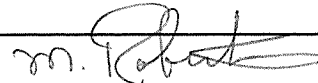
(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|----------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 009A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

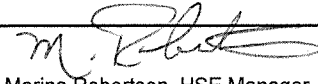
(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------------|---------------------|-------|-------|--------------------------|------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI (B) | NODI (B) | mg/L | 0 | Quarterly | Grab |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .00585 MO AVG | .0102 DAILY MX | mg/L | | Quarterly | GRAB |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT Gra | ***** | ***** | ***** | ***** | ***** | 0 | d | 0 | Daily | Visual |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | 68,571 | ***** | bbl/d | ***** | ***** | ***** | ***** | 0 | Monthly | Estima |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | |
|--|---|--|----------------|------------|--------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

010A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

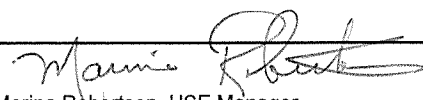
(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | |
|---|---|--|----------------|--------|------------|
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| Jim Guion | | | (562) 628 1526 | | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | | AREA Code | NUMBER | MM/DD/YYYY |
| TYPED OR PRINTED | | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

011A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR


(SUBR FW)

Bilge Water

External Outfall

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | |
|--|---|--|----------------|--------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 012A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|---|---|--|----------------|------------|
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| Jim Guion | | | (562) 628 1526 | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | | AREA Code | NUMBER |
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 013A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

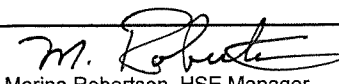
(SUBR FW)

Test Fluids

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | |
|--|---|--|----------------|------------|--------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 014A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

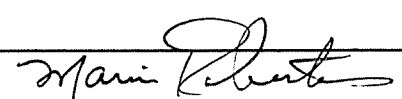
(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 015A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

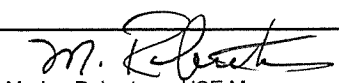
(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 0 | d | 0 | Daily | Visul |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | | | |
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Permit Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 016A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

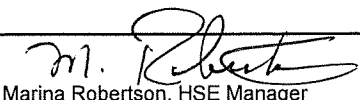
(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☒ A

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|---|---|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE |
| Jim Guion | | | (562) 628 1526 | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 017A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|----------------|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 018A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE |
| Jim Guion Executive Vice President, Chief Operating Officer | (562) 628 1526 | | 01 22 2015 | |
| TYPED OR PRINTED | AREA Code | | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste commingled with Deck Drains and injected at Eureka.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 019A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|--------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Flow | SAMPLE MEASUREMENT | 0 | ***** | bbl/yr | ***** | ***** | ***** | ***** | | Annual | Calctd |
| 74076 EG 0 Effluent Gross | PERMIT REQUIREMENT | 1200 YTD TOT | ***** | bbl/yr | ***** | ***** | ***** | ***** | | Annual | CALCTD |

| | | | | |
|--|---|----------------|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 020A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|----------------|--------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

M. Robertson
Marina Robertson, HSE Manager
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

021A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

10/01/2014

MM/DD/YYYY

10/31/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | | |
|--|---|--|----------------|--------|------------|--|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 022A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2014 | 10/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

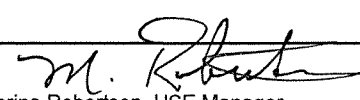
(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager | TELEPHONE | DATE |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

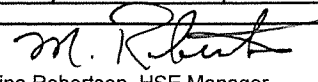
ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 001A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Drilling Fluids and Cuttings
External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|----------|--------------------------|-------|-----------------------|-------|--------|------------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oil based fluids, non-aqueous based drilling fluids and cuttings | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 51707 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. VALUE | ***** | Y=1;N=0 | ***** | ***** | ***** | ***** | | End Of Well | GRAB |
| Cadmium [Cd], in barite, dry weight | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 78244 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 3 DAILY MX | mg/kg | | Once per Batch | GRAB |
| Mercury [Hg], in barite, dry weight | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 78245 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 1 DAILY MX | mg/kg | | Once per Batch | GRAB |
| Drilling fluids, free oil | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 82589 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily when Discharging | GRAB |
| Drilling fluids, volume | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 82594 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | bbl | ***** | ***** | ***** | ***** | | Daily | ESTIMA |
| Drilling fluids, volume | SAMPLE MEASUREMENT | ***** | 0 | bbl | ***** | ***** | ***** | ***** | | Annual | Calctd |
| 82594 EG 0 Effluent Gross | PERMIT REQUIREMENT | ***** | 36650 YTD TOT | bbl | ***** | ***** | ***** | ***** | | Annual | CALCTD |
| Drill cuttings, free oil | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | | | | | |
| 82595 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. MO TOTAL | occur/mo | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | GRAB |

| | | | | | |
|---|---|---|------------------|--------|-------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE |
| | | | (562) 628 1526 | | 01 22 2015 |
| | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

DISCHARGE MONITORING REPORT (DMR)

OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 001A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

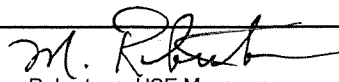
(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Drilling cuttings, volume | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 82596 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | bbl | ***** | ***** | ***** | ***** | | Daily | ESTIMA |
| Drilling cuttings, volume | SAMPLE MEASUREMENT | ***** | 0 | bbl | ***** | ***** | ***** | ***** | | Annual | Calctd |
| 82596 EG 0 Effluent Gross | PERMIT REQUIREMENT | ***** | 13350 YTD TOT | bbl | ***** | ***** | ***** | ***** | | Annual | CALCTD |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | | | | |
| TAB3E 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | ***** | % | | Contingent | GRAB |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | | | | |
| TAB3E EG 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | ***** | % | | Contingent | GRAB |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | | | | |
| TAB3E O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | ***** | % | | Contingent | GRAB |

| | | | | | |
|--|---|--|----------------|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment.referenced, when applicable.
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 002A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

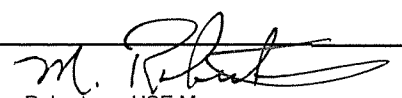
(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge ☒ A

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oil and grease, hexane extr method | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 00552 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 29 MO AVG | 42 DAILY MX | mg/L | | Weekly | GRAB |
| Produced water, flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 82600 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Daily | ESTIMA |

| | | | | | |
|--|---|--|----------------|------------|--------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- PW annual cumulative flow from Mar 1st thru Feb 28th each year.
- If PW is discharged, 12 mo of monitoring is required for RP analysis
- Produced water is commingled & processed at platform Elly before being injected or discharged

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

003A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge ☐ A

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-----------------------|----------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Well fluids, oil & grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 04379 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 29 MO AVG | 42 DAILY MX | mg/L | | Once per Occurance | GRAB |
| Number of Events | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 51484 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. TOTAL | # | ***** | ***** | ***** | ***** | | Once per Occurance | CALCTD |
| Well fluids, free oil | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 82603 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. MO TOTAL | occur/mo | ***** | ***** | ***** | ***** | | Once per Discharge | GRAB |
| Well fluids, volume | SAMPLE MEASUREMENT | | | | ***** | ***** | ***** | ***** | | | |
| 82604 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. MO TOTAL | bbl | ***** | ***** | ***** | ***** | | Once per Occurance | ESTIMA |

| | | | | | |
|--|---|--|----------------|--------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 201 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced, when applicable.

4. If present, WTCWFs are commingled with produced water and injected back into the formation.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 004A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow rate, deck drainage | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 51666 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|----------------|--------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

Marina Robertson, HSE Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed
2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 005A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

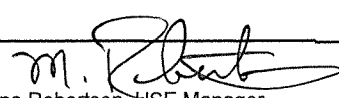
(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-------|--------------------------|------------|------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow rate, domestic | SAMPLE MEASUREMENT | NODI (A) | ***** | | ***** | ***** | ***** | ***** | | | |
| 51667 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Sanitary waste, residual chlorine | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI (9) | NODI (9) | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | 49 | ***** | bbl/d | ***** | ***** | ***** | ***** | 0 | Monthly | Estima |
| 82606 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Sanitary waste, solids | SAMPLE MEASUREMENT | ***** | 0 | #/mo | ***** | ***** | ***** | ***** | 0 | Daily | Visual |
| 82607 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | Req. Mon. MO AVG | #/mo | ***** | ***** | ***** | ***** | | Daily | VISUAL |
| Domestic waste, foam and floating solids | SAMPLE MEASUREMENT | ***** | NODI (A) | | ***** | ***** | ***** | ***** | | | |
| 82608 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | Req. Mon. MO TOTAL | #/mo | ***** | ***** | ***** | ***** | | Daily | VISUAL |

| | | | | |
|---|---|--|----------------|------------|
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| Jim Guion | | | (562) 628 1526 | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
- The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|--------------------------|-------------------------|
| CAF001149 | 006A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

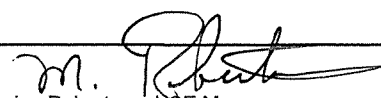
(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|------------------|---------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE E/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 007A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE:

MINOR

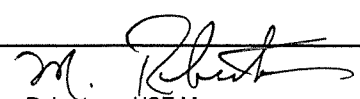
(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|----------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE E/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 008A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|----------------|--------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

M. Robertson
Marina Robertson, HSE Manager
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE  ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

009A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE:

MINOR

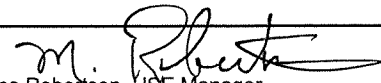
(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI (9) | NODI (9) | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .00585 MO AVG | .0102 DAILY MX | mg/L | | Quarterly | GRAB |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 0 | d | 0 | Daily | Visual |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | 68,571 | ***** | bbl/d | ***** | ***** | ***** | ***** | 0 | Monthly | Estima |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | |
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE .E/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

010A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

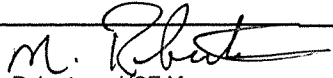
(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager | TELEPHONE | DATE |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

 Form Approved
 OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 011A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Bilge Water

External Outfall

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | |
|--|---|--|----------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 012A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE:

90802

MINOR


(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|----------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
 LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
 PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 013A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

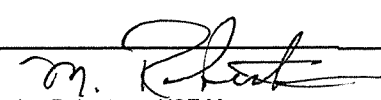
DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)

Test Fluids
External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbi/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | |
|--|---|--|----------------|--------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

014A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | | | |
|--|---|--|----------------|--------|------------|--|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 015A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 0 | d | | Daily | Visual |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|----------------|------------|
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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

016A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE: 90802

MINOR

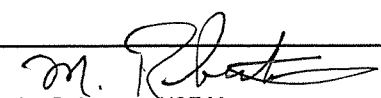
(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☒ A

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|---|---|--|----------------|------------|
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| Jim Guion | | | (562) 628 1526 | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE .E/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 017A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE:

90802

MINOR

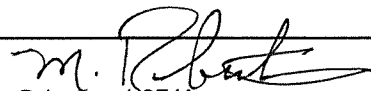
(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|----------------|------------|
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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |
| | | | | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 018A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE:

MINOR


(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|--|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED | | | (562) 628 1526 | 01 22 2015 |
| | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Deck Drains and injected at Eureka.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

019A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR


(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|--------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Flow | SAMPLE MEASUREMENT | 0 | ***** | bbl/yr | ***** | ***** | ***** | ***** | | Annual | Calctd |
| 74076 EG 0 Effluent Gross | PERMIT REQUIREMENT | 1200 YTD TOT | ***** | bbl/yr | ***** | ***** | ***** | ***** | | Annual | CALCTD |

| | | | | | | |
|--|---|--|----------------|--------|------------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 020A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 11/01/2014 | 11/30/2014 |

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|----------------|--------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER | MM/DD/YYYY |

M. Robertson
Marina Robertson, HSE Manager
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE: E/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

021A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Hydrotest Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | DATE |
|--|---|----------------|------------|
| Jim Guion Executive Vice President, Chief Operating Officer | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | AREA Code | NUMBER |

Marina Robertson, HSE Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

AREA Code

NUMBER

MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

022A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR


(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | | |
|--|---|--|----------------|--------|------------|--|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 | |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 001A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE:

90802

MINOR

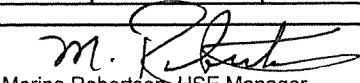
(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|----------|--------------------------|-------|-----------------------|-------|--------|------------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oil based fluids, non-aqueous based drilling fluids and cuttings | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 51707 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. VALUE | ***** | Y=1;N=0 | ***** | ***** | ***** | ***** | | End Of Well | GRAB |
| Cadmium [Cd], in barite, dry weight | SAMPLE MEASUREMENT | | ***** | ***** | ***** | ***** | | | | | |
| 78244 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 3 DAILY MX | mg/kg | | Once per Batch | GRAB |
| Mercury [Hg], in barite, dry weight | SAMPLE MEASUREMENT | | ***** | ***** | ***** | ***** | | | | | |
| 78245 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 1 DAILY MX | mg/kg | | Once per Batch | GRAB |
| Drilling fluids, free oil | SAMPLE MEASUREMENT | | ***** | ***** | ***** | ***** | | | | | |
| 82589 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily when Discharging | GRAB |
| Drilling fluids, volume | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 82594 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | bbl | ***** | ***** | ***** | ***** | | Daily | ESTIMA |
| Drilling fluids, volume | SAMPLE MEASUREMENT | | 0 | bbl | ***** | ***** | ***** | ***** | | Annual | Calctd |
| 82594 EG 0 Effluent Gross | PERMIT REQUIREMENT | ***** | 36650 YTD TOT | bbl | ***** | ***** | ***** | ***** | | Annual | CALCTD |
| Drill cuttings, free oil | SAMPLE MEASUREMENT | | | | ***** | ***** | | | | | |
| 82595 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. MO TOTAL | occur/mo | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | GRAB |

| | | | | |
|---|---|--|----------------|------------|
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| Jim Guion | | | (562) 628 1526 | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable..
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

001A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|-----------------------|-------|--------------------------|-------|-------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Drilling cuttings, volume | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 82596 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. DAILY MX | bbl | ***** | ***** | ***** | ***** | | Daily | ESTIMA |
| Drilling cuttings, volume | SAMPLE MEASUREMENT | ***** | 0 | bbl | ***** | ***** | ***** | ***** | | Annual | Calctd |
| 82596 EG 0 Effluent Gross | PERMIT REQUIREMENT | ***** | 13350 YTD TOT | bbl | ***** | ***** | ***** | ***** | | Annual | CALCTD |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | | | | |
| TAB3E 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | ***** | % | | Contingent | GRAB |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | | | | |
| TAB3E EG 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | ***** | % | | Contingent | GRAB |
| LC50 Static 96Hr Acute Mysid. Bahia | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | | | | |
| TAB3E O 0 See Comments | PERMIT REQUIREMENT | ***** | ***** | ***** | 3 MINIMUM | ***** | ***** | % | | Contingent | GRAB |

| | | | | |
|---|---|--|--------|------------|
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| Jim Guion | | (562) 628 1526 | | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | AREA Code | NUMBER | MM/DD/YYYY |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
2. Drill fluid inventory refer to Attachment referenced, when applicable..
3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM, 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802
FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

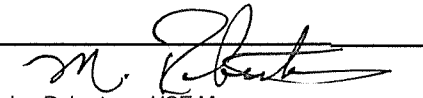
ATTN: Marina Robertson

| | |
|--------------------------|-------------------------|
| CAF001149 | 002A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Produced Water Monthly
External Outfall

No Discharge ☒ A

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Oil and grease, hexane extr method | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 00552 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 29 MO AVG | 42 DAILY MX | mg/L | | Weekly | GRAB |
| Produced water, flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 82600 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Daily | ESTIMA |

| | | | | | |
|---|---|--|------------------|------------------|---------------|
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| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- PW annual cumulative flow from Mar 1st thru Feb 28th each year.
- If PW is discharged, 12 mo of monitoring is required for RP analysis
- Produced water is commingled & processed at platform Elly before being injected or discharged

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE: NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

003A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR


(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge ☒ A

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|---------------------|-----------------------|----------|--------------------------|--------------|----------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Well fluids, oil & grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | | | | | |
| 04379 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 29 MO AVG | 42 DAILY MX | mg/L | | Once per Occurance | GRAB |
| Number of Events | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 51484 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. TOTAL | # | ***** | ***** | ***** | ***** | | Once per Occurance | CALCTD |
| Well fluids, free oil | SAMPLE MEASUREMENT | ***** | | | ***** | ***** | ***** | ***** | | | |
| 82603 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | Req. Mon. MO TOTAL | occur/mo | ***** | ***** | ***** | ***** | | Once per Discharge | GRAB |
| Well fluids, volume | SAMPLE MEASUREMENT | | | | ***** | ***** | ***** | ***** | | | |
| 82604 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. MO TOTAL | bbl | ***** | ***** | ***** | ***** | | Once per Occurance | ESTIMA |

| | | | | | | |
|--|---|--|----------------|--------|------------|--|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.
2. Free Oil Static Sheen Test.
3. Chemical Inventory, refer to Attachment referenced, when applicable.

4. If present, WTCWFs are commingled with produced water and injected back into the formation.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

004A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Deck Drainage

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow rate, deck drainage | SAMPLE MEASUREMENT | | ***** | bbl/d | ***** | ***** | ***** | ***** | | | |
| 51666 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | | |
|---|---|--|--|-----------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE | |
| Jim Guion | | (562) 628 1526 | | 01 22 201 | |
| Executive Vice President, Chief Operating Officer | | AREA Code | | NUMBER | MM/DD/YYYY |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Free Oil Sheen - # days observed
2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 005A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------------|-------|--------------------------|--------------|---------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow rate, domestic | SAMPLE MEASUREMENT | NODI (A) | ***** | | ***** | ***** | ***** | ***** | | | |
| 51667 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Sanitary waste, residual chlorine | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI (9) | NODI (9) | | | | |
| 82605 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1 MINIMUM | 10 MAXIMUM | mg/L | | Monthly | GRAB |
| Sanitary waste, flow | SAMPLE MEASUREMENT | 36 | ***** | bbl/d | ***** | ***** | ***** | ***** | 0 | Monthly | Estima |
| 82606 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Sanitary waste, solids | SAMPLE MEASUREMENT | ***** | 0 | #/mo | ***** | ***** | ***** | ***** | 0 | Daily | Visual |
| 82607 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | Req. Mon. MO AVG | #/mo | ***** | ***** | ***** | ***** | | Daily | VISUAL |
| Domestic waste, foam and floating solids | SAMPLE MEASUREMENT | ***** | NODI (A) | | ***** | ***** | ***** | ***** | | | |
| 82608 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | Req. Mon. MO TOTAL | #/mo | ***** | ***** | ***** | ***** | | Daily | VISUAL |

| | | | | | |
|--|---|--|----------------|------------|--------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.
- The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE: NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 006A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE:

90802

MINOR

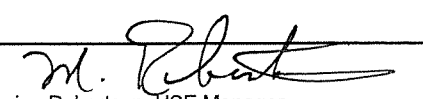
(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | | |
|--|---|--|----------------|------------|--------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 007A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

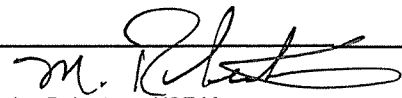
(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge ☒

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|-----------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|----------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | MM/DD/YYYY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMR 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 008A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

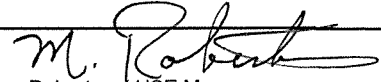
(SUBR FW)

Fire Control System Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|----------------|------------|
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| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2
2. Fire Control System Water is commingled with Deck Drainage and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 009A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

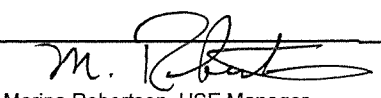
(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | NODI (9) | NODI (9) | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | .00585 MO AVG | .0102 DAILY MX | mg/L | | Quarterly | GRAB |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | | 0 | d | 0 | Daily | Visual |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | 68,571 | ***** | bb/d | ***** | ***** | ***** | ***** | 0 | Monthly | Estima |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | |
|--|---|--|----------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED | | | (562) 628 1526 | 01 22 2015 |
| | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2
2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OM: 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

010A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

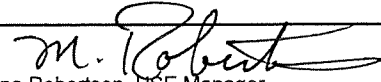
(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | |
|--|---|--|------------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 011A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

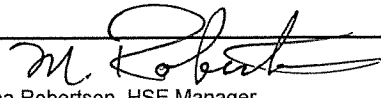
(SUBR FW)

Bilge Water

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | |
|---|---|--|----------------|------------|
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| Jim Guion | | | (562) 628 1526 | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | | AREA Code | NUMBER |
| TYPED OR PRINTED | | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

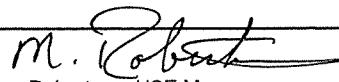
ATTN: Marina Robertson

| | |
|--------------------------|-------------------------|
| CAF001149 | 012A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Boiler Blowdown
External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|---|---|--|------------------|---------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

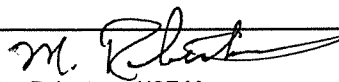
ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 013A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Test Fluids
External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | |
|--|---|--|----------------|------------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE | |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMI 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 014A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|---|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | | DATE |
| Jim Guion | | (562) 628 1526 | | 01 22 2015 |
| Executive Vice President, Chief Operating Officer | | AREA Code NUMBER | | MM/DD/YYYY |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB: 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802


ATTN: Marina Robertson

| | |
|--------------------------|-------------------------|
| CAF001149 | 015A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Bulk Transfer Material Overflow
External Outfall

No Discharge ☐

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 0 | d | 0 | Daily | Visual |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | | |
|---|---|--|------------------|------------------|---------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager | TELEPHONE | DATE | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMI 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 016A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

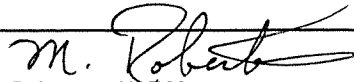
(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge ☒ A

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | | |
|--|---|--|----------------|------------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE | |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000
ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA
LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802


ATTN: Marina Robertson

| | |
|--------------------------|-------------------------|
| CAF001149 | 017A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802
MINOR
(SUBR FW)
Water Flooding Discharges
External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | | |
|--|---|---|------------------|--------|-------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Jim Guion Executive Vice President, Chief Operating Officer TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE |
| | | | (562) 628 1526 | | 01 22 2015 |
| | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149

PERMIT NUMBER

018A-A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

12/01/2014

MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR

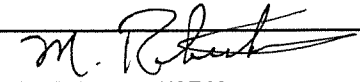
(SUBR FW)

Laboratory Waste

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | | |
|--|---|--|-----------|----------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Deck Drains and injected at Eureka.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMI 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 019A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR


(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|--------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |
| Flow | SAMPLE MEASUREMENT | 0 | ***** | bbl/yr | ***** | ***** | ***** | ***** | | Annual | Calctd |
| 74076 EG 0 Effluent Gross | PERMIT REQUIREMENT | 1200 YTD TOT | ***** | bbl/yr | ***** | ***** | ***** | ***** | | Annual | CALCTD |

| | | | | | |
|--|---|--|----------------|------------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE | |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 | |
| TYPED OR PRINTED | | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|-------------------|------------------|
| CAF001149 | 020A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

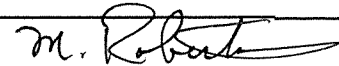
(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |

| | | | | |
|--|---|--|----------------|------------|
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| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | AREA Code | NUMBER |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

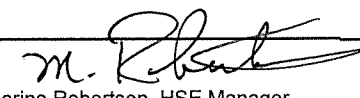
| | |
|--------------------------|-------------------------|
| CAF001149 | 021A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)
Hydrotest Water
External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam- visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bbl/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | | |
|--|---|--|------------------|---------------|-------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager | TELEPHONE | | DATE |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | | 01 22 2015 |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.
2. Submit RP analysis per permit requirement after sampling is completed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OM 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240
LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W
PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

| | |
|--------------------------|------------------|
| CAF001149 | 022A-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2014 | 12/31/2014 |

DMR Mailing ZIP CODE: 90802

MINOR

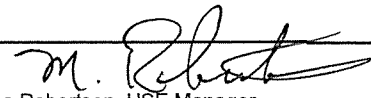
(SUBR FW)

H2S Gas Processing Waste Water

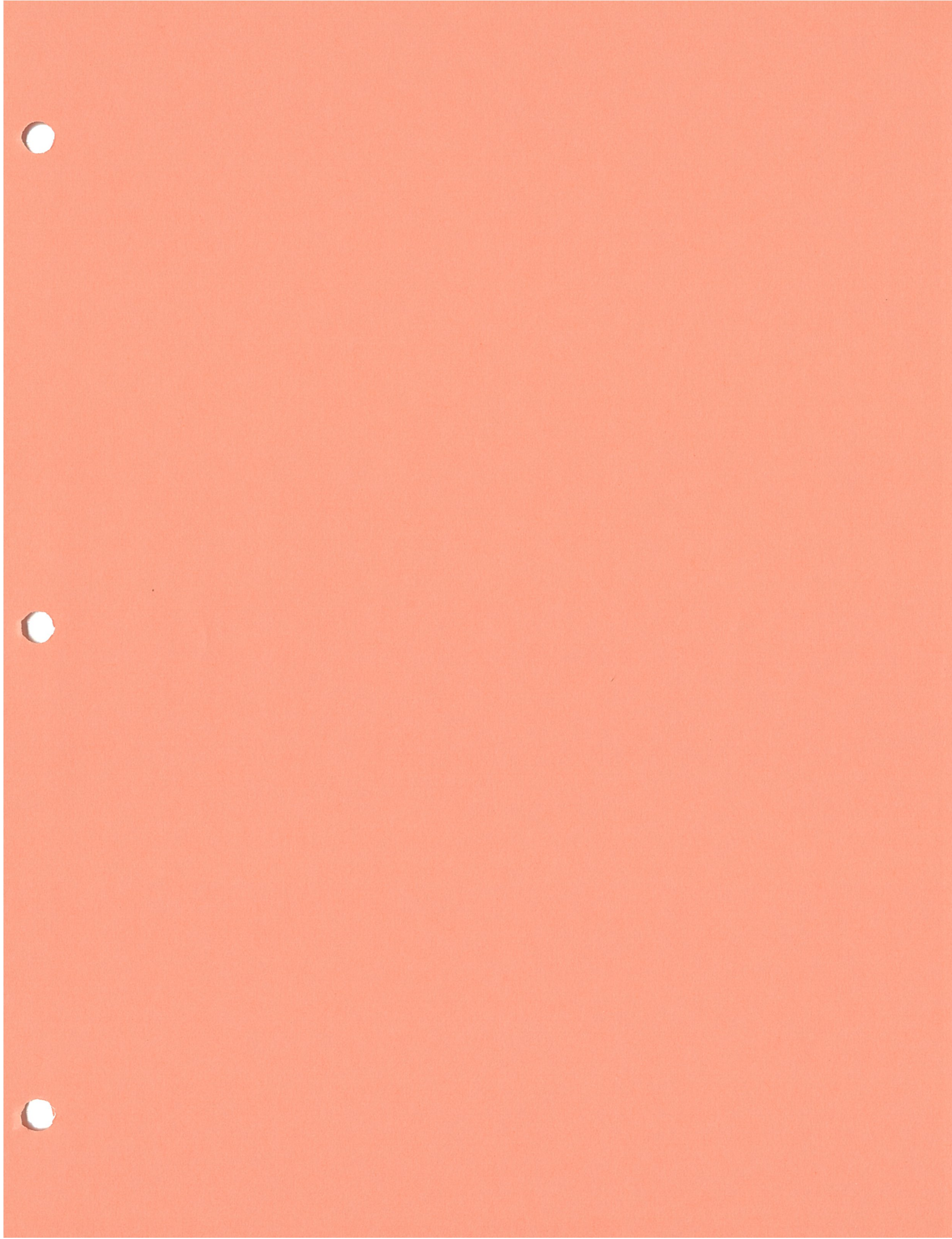
External Outfall

No Discharge ☒ C

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Free Oil Visual Sheen | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51689 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Floating solids or visible foam-visual/days | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | | |
| 51705 RW 0 Receiving Water | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. MO TOTAL | d | | Daily | VISUAL |
| Flow | SAMPLE MEASUREMENT | | ***** | | ***** | ***** | ***** | ***** | | | |
| 74076 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | ***** | bb/d | ***** | ***** | ***** | ***** | | Monthly | ESTIMA |

| | | | | |
|--|---|--|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |  Marina Robertson, HSE Manager | TELEPHONE | DATE |
| Jim Guion Executive Vice President, Chief Operating Officer | | | (562) 628 1526 | 01 22 2015 |
| TYPED OR PRINTED | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



Attachment 2

Chemical Inventory

**ATTACHMENT 2
PLATFORM EUREKA
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
October 1, 2014 through December 31, 2014**

| <u>Fluid Type</u> | <u>Volume</u> (Monthly avg bbls per day) | <u>Product Name</u> | <u>Estimated Chemical Quantity</u> (Monthly avg gal per day) | <u>Average End-of-Pipe ¹ Concentration</u> (mg/l) |
|--|---|---------------------|---|---|
| 009 Non-contact Cooling Water (combined with excess seawater) | | | | |
| October | 68,571 | Chlorine | 1.15 | 0.4 |
| November | 68,571 | Chlorine | 1.15 | 0.4 |
| December | 68,571 | Chlorine | 1.15 | 0.4 |
| 008 Fire Control System Water | N / A | None | N / A | N / A |
| 013 Test Fluids | No Discharge | No Discharge | None | None |
| 017 Water Flooding Discharges | No Discharge | No Discharge | None | None |
| 021 Hydrotest Water | No Discharge | No Discharge | None | None |

¹ Chemical quantity for non-contact cooling water calculated with Operations monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel).

N / A: Not chlorinated.

Attachment 3

Non-Contact Cooling Water Chlorine Residual Results

ATTACHMENT 3
 PLATFORM EUREKA
 NON-CONTACT COOLING WATER CHLORINE RESULTS
 October 1, 2014 through December 31, 2014

| <u>Discharge</u> | <u>Measurement Frequency</u> | <u>Average Monthly Limit ¹ Post Dilution</u> (mg/l) | <u>Maximum Daily Limit ¹ Post Dilution</u> (mg/l) | <u>Result Post Dilution</u> (mg/l) | <u>End-of-Pipe Concentration</u> (mg/l) EPA Method 330.5 | <u>EPA Plumes Dilution</u> |
|--|----------------------------------|---|---|---|--|--------------------------------|
| 009 Non-contact Cooling Water Sample Date: 10/27/14 | Once/Quarter | 0.00585 | 0.0102 | < 0.0003 | < 0.05 | 146:1 |

¹ Limits are post-dilution as listed in the new permit, Appendix C.

Attachment 4

Prohibited Discharges

**ATTACHMENT 4
PLATFORM EUREKA
Prohibited Discharges
October 1, 2014 through December 31, 2014**

| <u>Prohibited Dishcharge</u> | <u>Permit Requirement/Limit</u> | <u>Monitoring Results</u> |
|---|---|---------------------------|
| Free Oil ₁ | 0 days sheen observed on the receiving water during daylight hours | 0 Days |
| Foam ₁ | 0 days foam observed on the receiving water during daylight hours | 0 Days |
| Floating Solids ₁ | 0 days solids observed on the receiving water during daylight hours | 0 Days |
| Surfactants ₂ | Minimize | Minimized |
| Detergents ₂ | Minimize | Minimized |
| Dispersants ₂ | Minimize | Minimized |
| Produced Sands ₃ | No Discharge | No Discharge |
| Halogenated Phenol Compounds ₄ | No Discharge | No Discharge |
| Chrome Lignosulfonate ₄ | No Discharge | No Discharge |
| Tracer Materials ₅ | Limited | Limited |
| Garbage ₆ | No Discharge | No Discharge |

¹ Free Oil, Foam, and Floating Solids: Monitoring by visual observation of the surface of the receiving water in the vicinity of the outfalls shall be conducted during daylight hours.

² The discharge of surfactants, dispersants, and detergernts shall be minimized except as necessary to comply with safety requirements of the Occupational Health and Safety Administration and BSEE. The discharge to marine waters in response to oil or other hazardous spills is not authorized.

³ There shall be no discharge of produced sands.

⁴ Other Toxic and Non-conventional Compounds: There shall be no discharge of diesel oil, halogenated phenol compounds, or chrome lignosulfonate. Diesel oil discharge information will be located under the Drilling Inventory attachment when applicable.

⁵ Radioactive tracer concentration above the background in the parent, discharge waste stream shall be limited in 10 CFR 20 Appendix B, Table II, Column 2, Effluent Concentrations, Water.

⁶ The discharge of garbage is prohibited.

Attachment 5

Laboratory reports for NPDES monitoring

Laboratory Quality Control Reports



LTS ENVIRONMENTAL, INC.

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

October 28, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

| Sample Date / Time | Location | Total Chlorine Residual (EPA Method 330.5) |
|---|---|---|
| | | <u>End of Pipe</u> |
| October 27, 2014 @ 1545 hrs | Platform Eureka Non-Contact Cooling Water Outlet West Seawater Pump | < 0.05 mg/l |
| S Meter S/N: 12040E195572 Technician: Cole Jenkins | | Method Blank < 0.05 mg/l (MDL) |

S.G. Lawry
Environmental Specialist / LTS



LTS ENVIRONMENTAL, INC.

September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

| | |
|---|---|
| Test Date September 5, 2014 | Total Residual Chlorine <i>(EPA Method 330.5)</i> |
| LTS meter (SN 041200088375) | 0.57 mg/l |
| LTS meter (SN 12040E195572) | 0.52 mg/l |
| RT Corporation test sample: (Lot #QC1065-021081) | |
| Acceptance Limits | 0.481 – 0.835 mg/l |
| Certified Value | 0.658 mg/l \pm 0.0110 |
| | Method Blank < 0.05 mg/l |
| LTS Lead Technician: Mike Apple | |

S.G. Lawry
Environmental Specialist
President, LTS